

Massachusetts Rehabilitation Commission

MRC Needs Survey



**Massachusetts Rehabilitation Commission
Research, Evaluation, & Development Department
July, 2006**

Introduction

The Massachusetts Rehabilitation Commission (MRC), in cooperation with the State Rehabilitation Council (SRC), has conducted its first formal study of consumer service needs. The purpose of this study is twofold: to provide agency management with detailed information regarding the needs of the people MRC serves, and to fulfill the federal requirement that the agency conduct a needs assessment at least every three years as part of the State Plan and to determine if it would be more effective to conduct a needs study on an annual basis similar to our consumer satisfaction process.

In the past, MRC utilized a different process to identify needs among consumers, which primarily relied on SRC chairpersons to conduct interviews with consumers in their region and report back to MRC. While this methodology has served us well in the past, MRC management has requested a more formal study of consumer needs that can quantify consumer needs in greater detail and show trends in consumer needs over time.

It is our vision that this study will be refined and completed annually to provide agency staff with both short and long term data on consumer needs that will be utilized to improve our current Vocational Rehabilitation and Community Service programs. In addition, these data will support the agency's development activities by documenting the need for various grant funded programs.

This project was managed by the MRC Research, Development and Evaluation Department, with input from SRC members, MRC managers and counseling staff. We sincerely thank the following individuals for their participation in this process:

William McCarriston, SRC Chairperson
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Methodology

Background

The survey methodology was developed by the Needs Assessment Committee, led by MRC research staff. The Committee began to develop the methodology by reviewing the comprehensive needs assessment surveys utilized by other states. Based on this review, the Committee adopted a survey utilized by the Maryland Vocational Rehabilitation Program. The Maryland study was quite comprehensive, including surveys of Vocational Rehabilitation (VR) consumers, staff and provider agencies to determine the needs of individuals with disabilities and how well those needs were being met by the VR and other disability programs.

While the committee viewed the Maryland model as the ideal methodology for assessing the needs of individuals with disabilities in Massachusetts, there were considerations of cost and staffing that needed to be addressed. Due to the

complexity of the Maryland design, it was decided that MRC would roll out the needs assessment in stages, focusing on VR consumers only in the first year. It is the intent of the agency to conduct this study on an annual basis, thus giving us opportunity to include consumers of other MRC programs, MRC staff and other stakeholders could be included in the future.

Survey and Sample Design

The pilot study consisted of a mailed survey to a random sample of active MRC VR consumers, as well as a smaller percentage of individuals whose cases were recently closed after receiving services. The sample size was determined by formula to yield a response rate large enough for meaningful statistical analysis.

In addition to the mailed survey, a web-based version was placed on the MRC web site for the months of March and April. Although this version resulted in a limited number of responses, it provided an opportunity for individuals with disabilities and their caregivers who may or may not have been affiliated with MRC to articulate their needs.

The survey tool was revised several times by the Committee to ensure that it would be user-friendly for our consumers. Research staff conducted a beta-test of the original survey design in the Lawrence and Natick Area Offices and at the MRC Annual Consumer Conference in December, 2005. Research staff discovered that consumers who completed the survey with the help of their counselor did not have any problems with the survey. However, the consumers completing it on their own at the conference found the rating scale and large number of need categories too

confusing. It was decided that the survey needed to be simplified in order to maximize the response rate.

The final version of the survey included a decreased number of need categories and simplified the questions to a yes/no fixed response. This pilot study is viewed by the Committee as a test of the simplified design, with the goal of refining the instrument next year by adding or deleting need categories as necessary.

Response Rate

A total of 5,775 surveys were mailed to MRC consumers in early March, 2006. Only 407 of those were returned due to incorrect address information. To control the costs of this project, no follow-up mailing was conducted to non-responders. Despite the fact that only one mailing was sent, 1,321 surveys were returned for an overall response rate of 24.6%. Most mailed surveys without a follow up to non-responders result in response rates around 10%. Thus, this was an excellent response for the pilot survey.

In addition to these responses, 61 individuals completed the survey on-line. Because this was not a significant number to complete comparative analysis between mailed respondents and web respondents, these responses were added to the total and the results were analyzed as a whole.

Individual Consumer Consultants entered the returned survey data on-line using a web-based database. The results for fixed response questions were analyzed using

statistical software¹. Open ended questions were analyzed using a point analysis to rank order responses.

Results

Demographics of Respondents

The survey instrument included a number of demographic questions including gender, age, race/ethnicity, primary disability, employment status, housing type and health insurance. Results show that respondents represented a cross-section of MRC consumers. Slightly more than half (51.4%) were male, 48.6% female. There was representation of consumers of all ages, including individuals in transition from school to work (18 or younger). The largest age group represented was ages 40-49, followed by 19 to 29 year olds. These characteristics of respondents are similar to the overall MRC population. While the majority of respondents identified themselves as Caucasian (77.4%), there was considerable representation of African-Americans (9.9%) and Hispanics (10.8%). Over 5% of respondents identified themselves as multi-racial. The following tables detail the age and race/ethnicity distributions of respondents.

Table 1

Age Distribution of Respondents		
Age	%	N
18 or younger	5.9%	43
19-29	25.5%	186
30-39	18.8%	137
40-49	27.7%	202
50-59	19.2%	140
60 or older	2.7%	20

¹ Missing data were eliminated from the final analysis of needs data. Questions that had a large degree of missing data were recommended for elimination in the next version of the survey instrument.

Table 2²

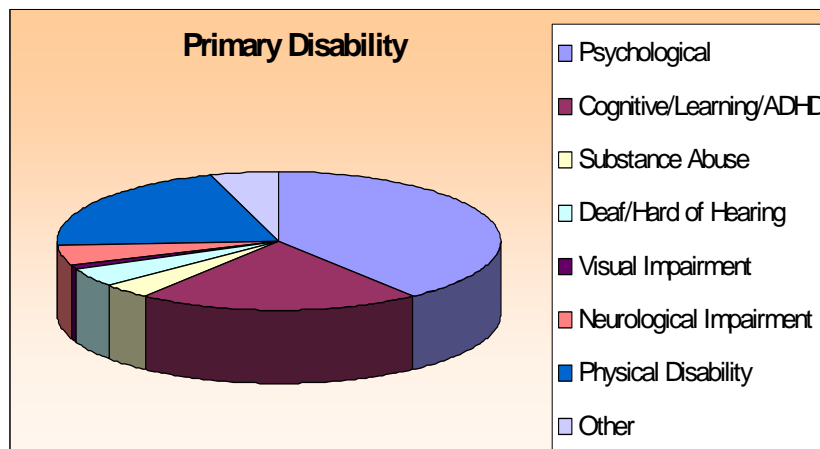
Race/Ethnicity of Respondents		
Race/Ethnicity	%	N
Caucasian	77.4%	557
African-American	9.2%	66
Asian	1.7%	12
Hispanic	10.8%	78
Native American	2.6%	19
Pacific Islander	0.1%	1
Other Race/Ethnicity	3.3%	24

As is true within the larger MRC population, psychiatric disabilities identified as the primary disability among the greatest proportion of respondents (39.8%), followed by physical disability (21.3%) and cognitive/learning disability/ADHD (20.3%). Table 3 details the primary disability distribution of survey respondents.

Table 3

Primary Disability of Respondents		
Disability	%	N
Psychological	39.8%	284
Cognitive/Learning/ADHD	20.3%	145
Substance Abuse	3.8%	27
Deaf/Hard of Hearing	4.5%	32
Visual Impairment	0.8%	6
Neurological Impairment	4.5%	32
Physical Disability	21.3%	152
Other	4.9%	35

Figure 1



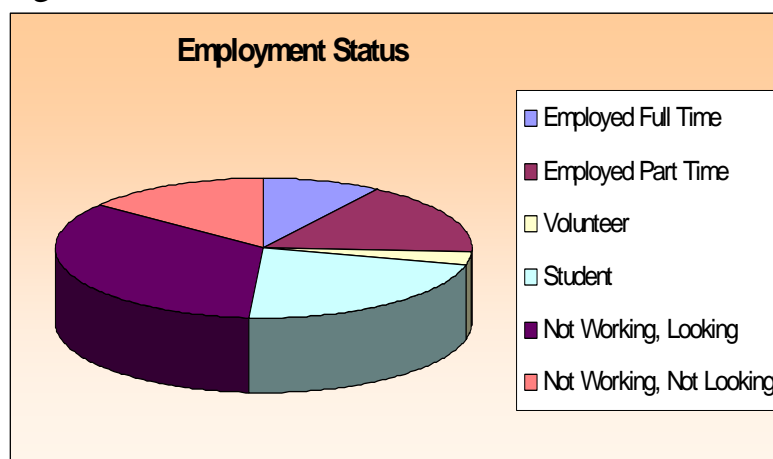
² Percentages total more than 100% as respondents may select more than one race/ethnicity.

The majority of respondents were not working, but were looking for work (34.4%). This is a reflection of the sampling methodology. Most consumers included in this analysis were individuals in statuses 02 (application) through status 18 (job training). These individuals are generally unemployed and are in various stages of identifying a new career path and taking part in job training. The second-largest group was students (22.2%), which also is not surprising based on a sample of respondents who are in the midst of the Vocational Rehabilitation process. Still, over 25% of the respondents were working at least part-time. Table 4 describes the work status of respondents in detail.

Table 4

Employment Status of Respondents		
Employment Status	%	N
Employed Full Time	9.1%	65
Employed Part Time	16.6%	119
Volunteer	3.2%	23
Student	22.2%	159
Not Working, Looking	34.4%	246
Not Working, Not Looking	14.4%	103

Figure 2



Most respondents (43%) reported living in a house or condominium. Of the apartment dwellers (41.3% of the total respondents) more than half lived in subsidized housing such as Section 8 or in elderly/disabled housing. Only a very small proportion (2.8%) resided in a nursing home or other institution. Of those respondents who listed other housing arrangements, most were living in rooming houses, or with friends and family. Table 5 illustrates the housing situation of respondents.

Table 5

Current Housing of Respondents		
Housing Type	%	N
House/Condominium	43.0%	311
Subsidized Apartment	21.8%	158
Market Rate Apartment	19.6%	142
Nursing Home	0.3%	2
Other Institution	2.5%	18
Other	12.8%	93

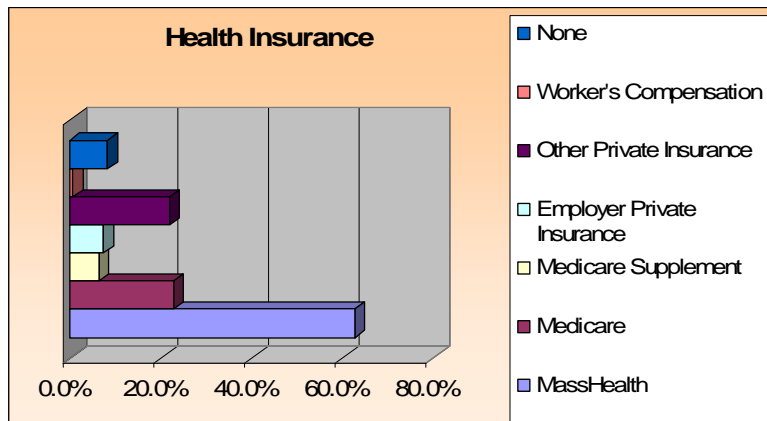
Finally, the vast majority of respondents reported having health insurance. Only 8.3% of respondents identified themselves as uninsured. MassHealth was the most commonly reported health insurance type (62.7%), followed by Medicare (22.9%) and Other Private Insurance (22%). The latter category includes individuals who are covered by a parent or spouse. Table 6 describes the health insurance coverage of respondents.³

Table 6

Health Insurance Type		
Insurance	%	N
MassHealth	62.7%	451
Medicare	22.9%	165
Medicare Supplement	6.3%	45
Employer Private Insurance	7.4%	53
Other Private Insurance	22.0%	158
Worker's Compensation	0.7%	5
None	8.3%	60

³ Percentages total more than 100% as respondents may select multiple insurance types.

Figure 3



Service Need Analysis

Respondents were asked about their current service needs in 11 domain areas, including transportation, vehicle modification, assistive technology, housing, personal care attendants, recreation, job support, job training, education, benefits planning and health insurance. For each domain area, respondents identified whether they currently needed the service, if they felt they may need the service at some point in the future, if they were currently receiving that service, and if the service is available in their area.

Current Service Needs

By far, the most commonly reported service need was job training (71.3%), followed by education (55.2%) and benefits planning (49%). While these findings are not surprising given we are surveying consumers of a vocational rehabilitation program, they are critical because they show that consumers are coming to the right place for services. If the primary service needs were for services that MRC does not provide (such as housing), there would be repercussions such as lower

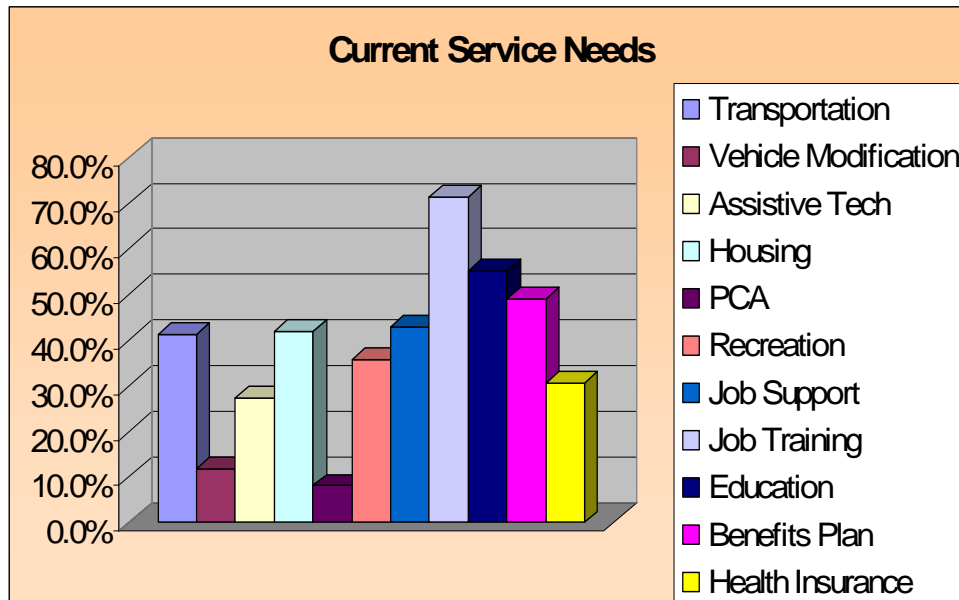
consumer satisfaction among consumers who did not feel that MRC met their needs. These results show that for the most part, our consumers are coming to the right door for services related to going to work.

Other significant unmet needs findings for consumers include job coaching and support (42.8%), accessible, affordable housing (41.9%), lack of transportation (41.2%), and recreation (35.8%). While affordable housing is a major challenge for virtually all residents of the Commonwealth, MRC could help address this need for our consumers by continuing our work in various statewide initiatives to transition and maintain individuals with disabilities in the community. MRC could partner with other agencies to solicit grant funding to provide more job coaching, transportation and recreation opportunities for our consumers. Table 7 and Figure 4 illustrate the responses to the current service needs questions.

Table 7

Current Service Needs		
Need Area	Percent	N
Transportation	41.2%	543
Vehicle Modification	11.8%	158
Assistive Tech	27.3%	336
Housing	41.9%	565
PCA	8.1%	109
Recreation	35.7%	477
Job Support	42.8%	196
Job Training	71.3%	925
Education	55.2%	733
Benefits Plan	49.0%	651
Health Insurance	30.6%	415

Figure 4



More complex need patterns can be seen by looking at the need domain areas by gender, age, primary disability and work status. There were no significant differences by race/ethnicity. The following tables and graphs illustrate the full crosstab data. Significant findings are described in detail.

When looking at current service needs by gender, the first finding is that men report a greater need for services across all domain areas. Whether this represents a truly greater need among men for services, or unwillingness among women to report service needs cannot be determined by this analysis. The greatest disparities were in the areas of transportation, recreation and benefits planning, all of which were significant to the $p < .01$ level. Significant to the $p < .05$ level was the greater need among men for PCA services and health insurance.

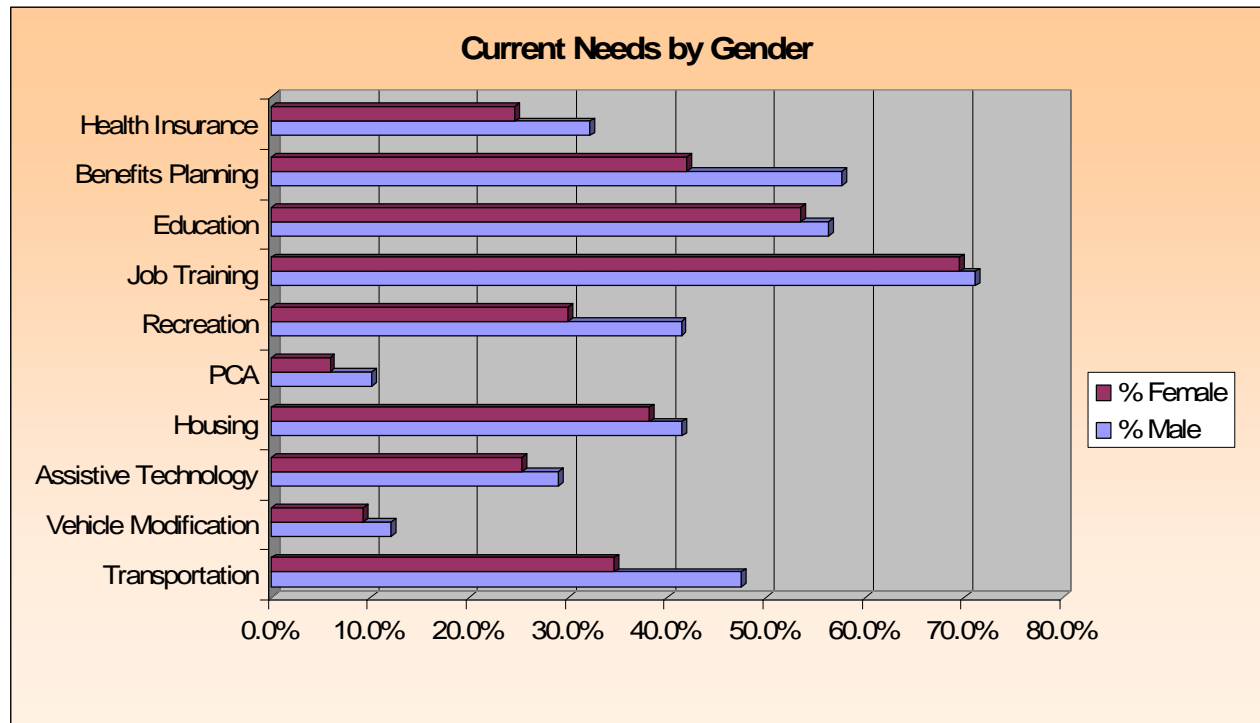
Table 8

Current Needs by Gender			
Need Area	% Male	% Female	Significance
Transportation	47.5%	34.6%	**
Vehicle Modification	12.1%	9.3%	
Assistive Technology	29.0%	25.3%	
Housing	41.5%	38.2%	
PCA	10.1%	5.9%	*
Recreation	41.4%	30.0%	**
Job Training	71.1%	69.5%	
Education	56.3%	53.5%	
Benefits Planning	57.6%	42.0%	**
Health Insurance	32.2%	24.6%	*

* $p < .05$

** $p < .01$

Figure 5



There were significant differences in current service needs across age groups in five domain areas: housing, recreation, job training, education and health insurance. The need for housing is greatest among respondents age 30-59. Both

younger and older respondents were less likely to cite housing as a current need, possibly because younger consumers are living with parents and older consumers own their own home or live in senior housing. The oldest and youngest respondents are also less likely than other age groups to cite recreation as a need, possibly because organized recreation opportunities are available to them through school sports, youth groups, senior citizen organizations and/or church activities. This same pattern holds true for education, most likely because the youngest group represents transition cases that are still actively enrolled in school, and older job seekers are more likely to seek retraining options as opposed to lengthy educational programs. Once again, the oldest and youngest respondents were less likely to cite health insurance as a need, likely because younger respondents are covered by a parent and older respondents have access to Medicare.

Finally, respondents age 18 and younger were significantly less likely to identify job training as a need. This reinforces the need for MRC to determine how to best serve transition consumers. Interestingly, benefits planning was the most commonly cited need among respondents in this age group, which may reflect a need for assistance in getting on public benefits in addition to learning about work incentives.

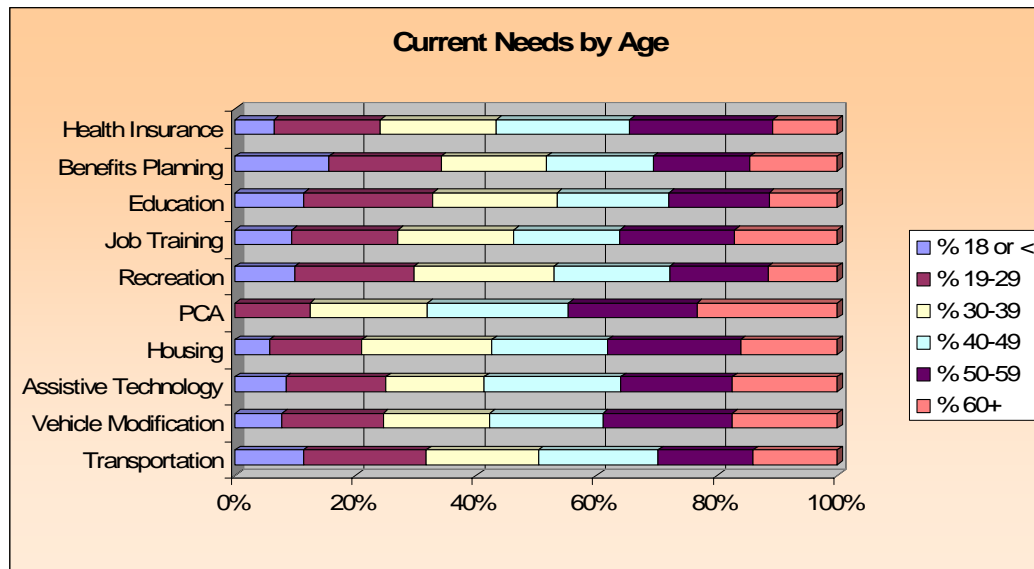
Table 9

Need Area	Current Needs by Age						Significance
	% 18 or <	% 19-29	% 30-39	% 40-49	% 50-59	% 60+	
Transportation	25.6%	46.0%	41.9%	44.6%	35.6%	31.6%	
Vehicle Modification	4.7%	10.1%	10.6%	11.3%	12.9%	10.5%	
Assistive Technology	12.8%	25.0%	24.6%	34.1%	27.8%	26.3%	
Housing	12.5%	33.3%	47.0%	41.9%	48.1%	35.0%	**
PCA	0.0%	5.6%	8.8%	10.5%	9.6%	10.5%	
Recreation	19.0%	37.9%	44.5%	36.8%	31.2%	22.2%	*
Job Training	38.1%	70.3%	76.6%	70.6%	76.0%	68.4%	**
Education	34.1%	63.3%	60.8%	55.0%	49.3%	33.6%	*
Benefits Planning	45.2%	54.0%	50.8%	51.3%	46.6%	42.1%	
Health Insurance	9.5%	26.0%	28.2%	32.4%	34.8%	15.8%	*

* $p < .05$

** $p < .01$

Figure 6



The relationships between primary disability and service needs are not as clear, and were likely affected by smaller proportions of respondents in certain categories such as visual impairment or substance abuse. Respondents with substance abuse as their primary disability were most likely to cite transportation as a need (66.7%), followed by those with visual impairments (50%). Those with neurological disabilities were least likely (16.1%) to identify transportation as a need. Respondents with visual impairments were most likely (50%) to report vehicle modification and assistive technology as service needs. Those with substance abuse were most likely (57.7%) to report housing as a need, while none of the respondents with visual impairments identified housing as an issue. Not surprisingly, respondents with physical disabilities were most likely (23.8%) to identify PCA services as a need. Respondents who identified themselves as deaf/hard of hearing were least likely to need job training (45.2%) or education services (28.6%). This is likely due to the fact that most deaf/hard of hearing clients come to MRC for assistive technology rather than job training. Benefits planning services were reported as an unmet need among respondents with visual

impairments (66.7%), cognitive/learning disabilities (61.1%) and neurological disabilities. Respondents with substance abuse as their primary disability were least likely to report a need for benefits planning. Finally, those with visual impairments (50%), neurological disabilities (46.9%) and substance abuse (42.3%) were most likely to report health insurance as a need

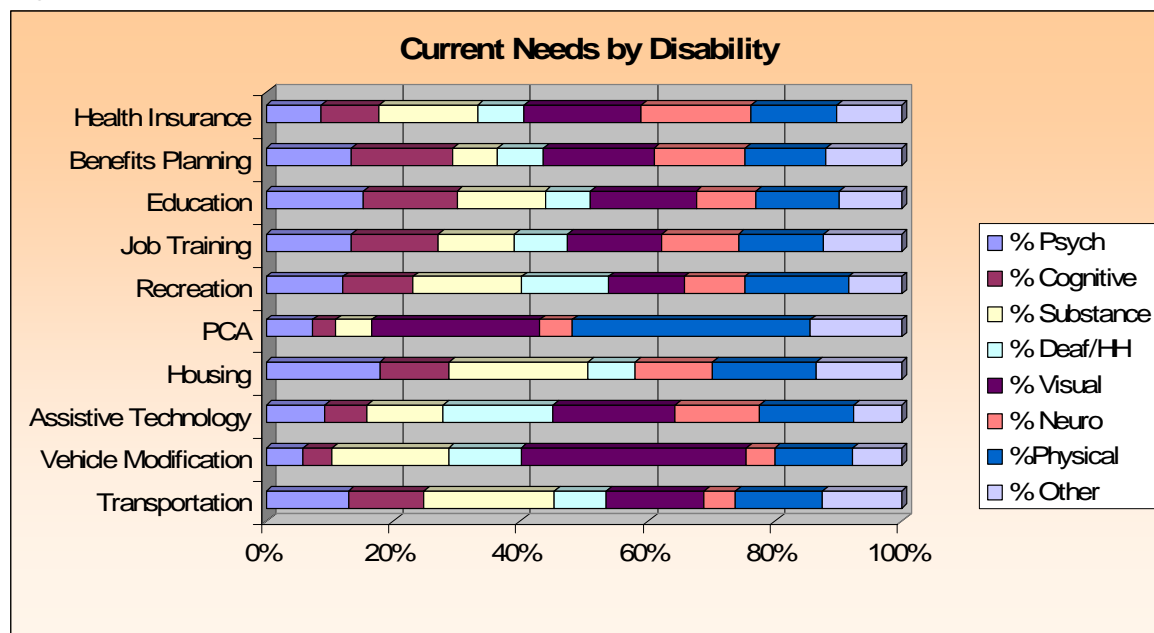
Table 10

Need Area	Current Needs by Disability								Significance
	%Psych	%Cognitive	%Substance	%Deaf/HH	%Visual	%Neuro	%Physical	%Other	
Transportation	42.1%	38.8%	66.7%	26.7%	50.0%	16.1%	44.8%	40.6%	**
Vehicle Modification	8.1%	6.5%	25.9%	16.1%	50.0%	6.3%	17.4%	10.8%	**
Assistive Technology	24.0%	17.3%	30.8%	44.8%	50.0%	34.5%	38.5%	19.4%	**
Housing	47.1%	28.6%	57.7%	19.4%	0.0%	32.3%	43.0%	35.3%	**
PCA	4.7%	2.2%	3.7%	0.0%	16.7%	3.3%	23.8%	9.1%	**
Recreation	33.9%	30.9%	48.1%	38.7%	33.3%	26.7%	45.9%	23.5%	
Job Training	72.5%	73.9%	65.4%	45.2%	80.0%	65.5%	72.2%	66.7%	
Education	61.3%	59.0%	55.6%	28.6%	66.7%	37.5%	52.7%	39.3%	**
Benefits Planning	51.1%	61.1%	26.9%	27.6%	66.7%	54.8%	49.0%	45.2%	**
Health Insurance	23.4%	24.8%	42.3%	20.0%	50.0%	46.9%	36.9%	27.6%	**

* $p < .05$

** $p < .01$

Figure 7



These data confirm that social service needs change with work status. Once again, job training is the most commonly cited need across all categories, even among those already working full time. Housing is a greater need for respondents who are not working. Those who are working are less likely to identify recreation as a need, possibly because they have less free time than others. Not surprisingly, education was most important to students. Benefits planning is a common need among those working part time (56.8%) and those looking for work (55.7%). Also, those not looking for work often cited benefits planning as a need, although this population may be more interested in getting on benefits than off. Volunteers (13.6%) and students (20%) were least likely to recognize health insurance as a need, possibly because these populations are covered by spouses or parents. Over 30% of respondents who were working full-time acknowledged that they needed health insurance.

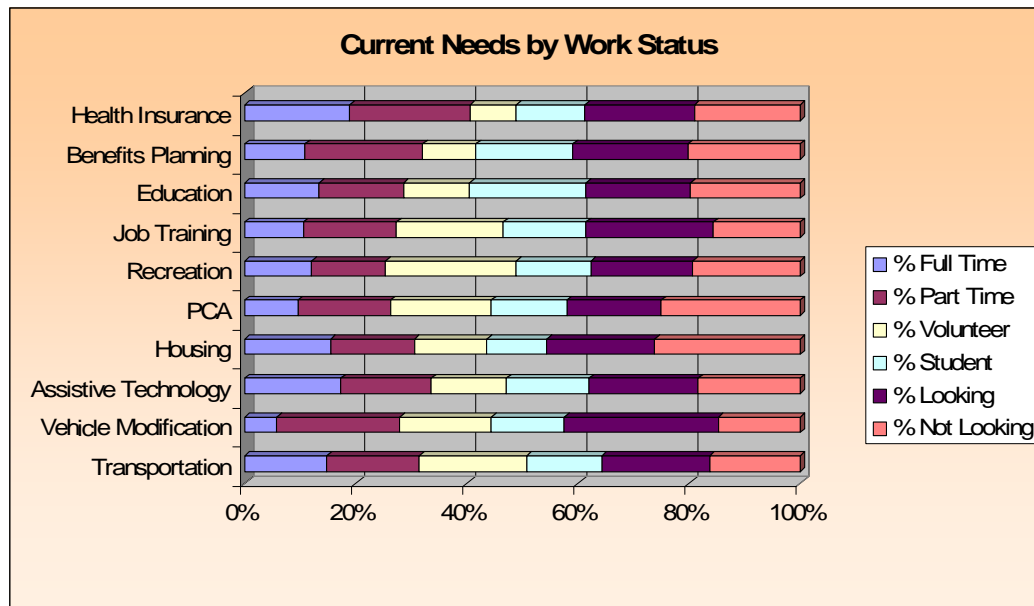
Table 11

Need Area	Current Needs by Work Status						Significance
	% Full Time	% Part Time	% Volunteer	% Student	% Looking	% Not Looking	
Transportation	34.9%	39.7%	45.5%	32.0%	45.9%	38.5%	
Vehicle Modification	3.2%	12.2%	9.1%	7.2%	15.3%	8.1%	*
Assistive Technology	27.1%	25.2%	21.1%	23.2%	30.3%	28.6%	
Housing	35.9%	35.0%	30.4%	24.8%	45.2%	60.6%	**
PCA	4.6%	8.0%	8.7%	6.5%	8.1%	12.0%	
Recreation	27.0%	29.6%	52.2%	30.1%	40.8%	43.0%	*
Job Training	41.9%	66.1%	76.2%	58.7%	90.8%	61.7%	**
Education	41.3%	46.4%	36.4%	63.9%	57.9%	60.2%	**
Benefits Planning	29.5%	56.8%	26.1%	47.0%	55.7%	54.5%	**
Health Insurance	30.8%	35.1%	13.6%	20.0%	32.0%	30.9%	*

* $p < .05$

** $p < .01$

Figure 8



Among respondents who were working, the majority (65.7%), reported that they enjoyed the type of work they were doing, but only 37.9% felt they had opportunities for promotion. These findings mirror the results of the MRC Consumer Satisfaction Study. Only 40.5% felt they earned a living wage, and 39.1% received health insurance through their employer. 58.2% reported that they were working enough hours. These findings emphasize the importance of helping consumers find quality job placements with high wages, hours, benefits and promotional opportunities. Consumers are clearly indicating that these are work-related needs, and if they are unaddressed they will likely translate into lower satisfaction scores at the end of the VR process.

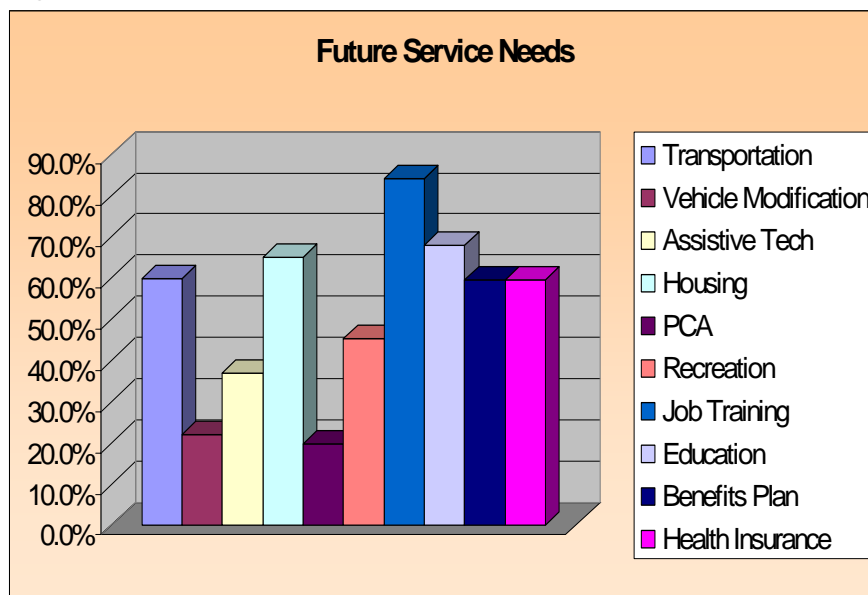
Anticipated Future Service Needs

Respondents were also asked if they thought they would need services in 10 domain areas in the future. Table 12 and Figure 9 illustrate the responses to this question

Table 12

Anticipated Future Service Needs		
Need Area	Percent	N
Transportation	60.0%	735
Vehicle Modification	22.0%	274
Assistive Tech	36.9%	422
Housing	65.2%	807
PCA	19.8%	242
Recreation	45.2%	573
Job Training	84.3%	1024
Education	68.0%	847
Benefits Plan	59.7%	745
Health Insurance	59.7%	748

Figure 9



Once again, job training (84.3%) and education (68%) are at the top of the list of services needed by MRC consumers, followed by housing (65.2%), transportation (60%), benefits planning (59.7%) and health insurance (59.7%). PCA services are the least cited service need that consumers anticipate needing at some point in the future.

It should be clarified that the future needs questions resulted in a high incidence of missing data, likely due to the wording of the survey instrument. Future needs questions were included based on the results of the beta test at the consumer conference, where many people were having difficulty separating current needs from future needs. The proposed solution was to ask the future needs question separately. However, it is apparent from the lack of response that this question needs to be further clarified or eliminated altogether. Applying a time frame to the question might result in a greater response (e.g. Do you anticipate needing XXX service within the next 1 to 5 years?).

Current Service Utilization

Respondents were also asked if they were currently receiving services in each of the domain areas. By far, the most common domain area that is not a primary concern for most MRC consumers is health insurance, with over 85% responding that they have at least some coverage. As illustrated in Table 13 and Figure 10, roughly 30% of respondents are receiving some education, job training or job support services.

Table 13

Currently Receiving Services		
Need Area	Percent	N
Transportation	17.6%	231
Vehicle Modification	4.2%	54
Assistive Tech	8.1%	97
Housing	3.5%	450
PCA	5.7%	76
Recreation	16.7%	219
Job Support	28.0%	122
Job Training	31.8%	402
Education	31.5%	406
Benefits Plan	19.0%	236
Health Insurance	85.2%	1140

Figure 10

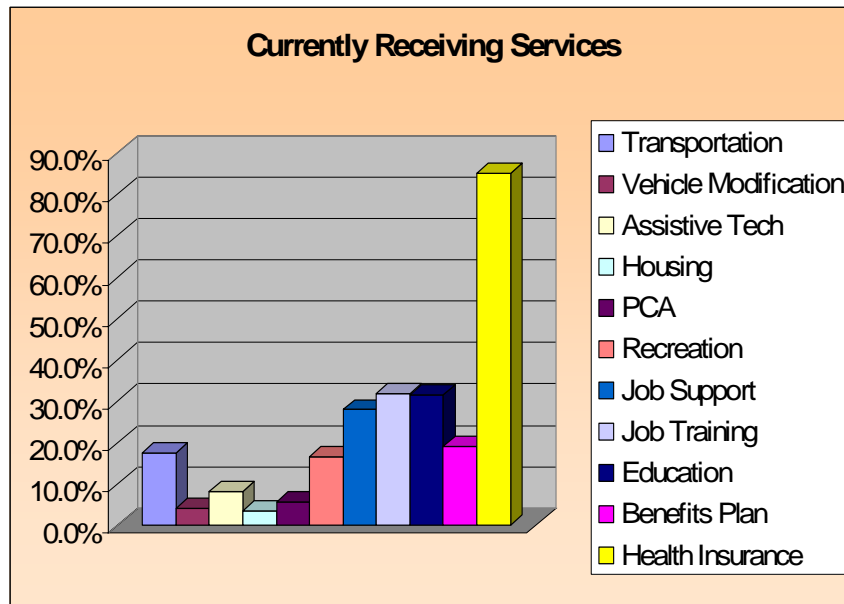
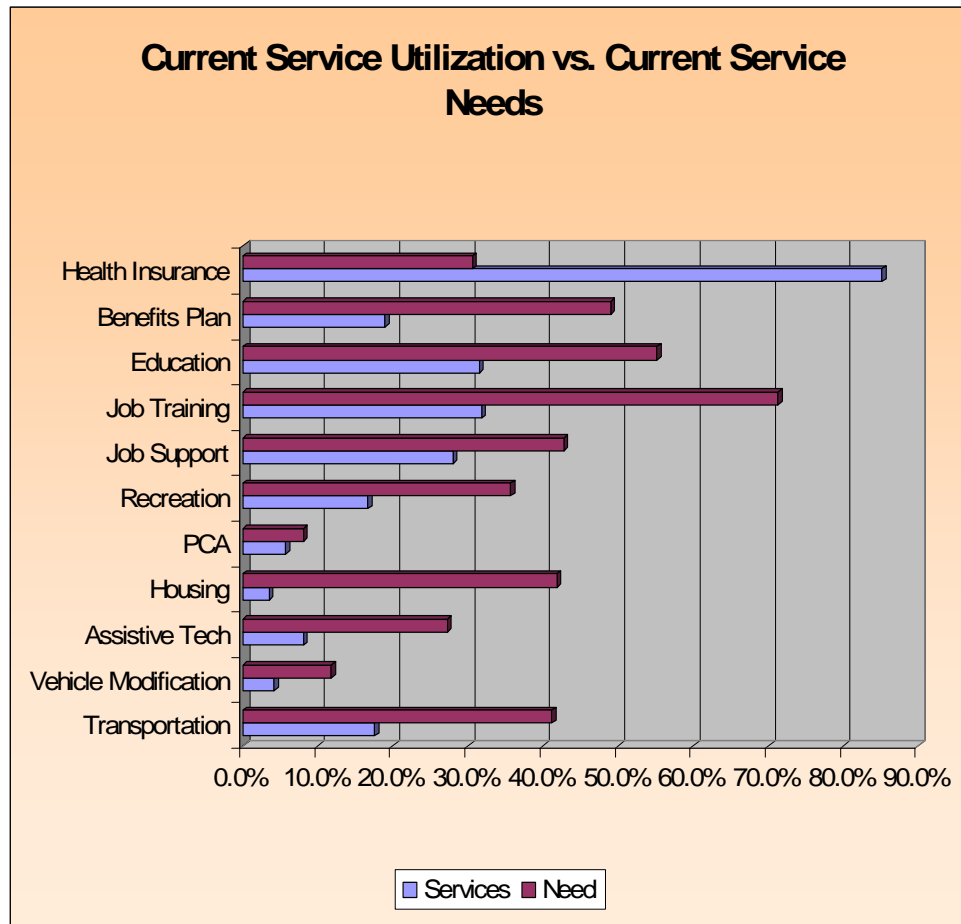


Figure 11 shows the comparison of current service utilization to current needs. The blue bar represents the proportion of respondents who indicated they are receiving services for each domain area. The purple bar shows the proportion who stated they have a current need for each domain area. In the example of health insurance, most respondents have insurance, but roughly 30% still feel they need insurance, possibly representing a feeling among respondents that their current coverage is inadequate.

For each of the next 10 domain areas, the current need is greater than the current service utilization, thus illustrating the proportion of respondents with unmet needs for each category. The largest areas of unmet needs are housing, transportation, benefits planning and job training.

Figure 11



Clearly, a proportion of respondents on each need measure were receiving services but still felt they needed more services. This is an indication of possible inadequate or, in the case of job training or education, incomplete services. Some of these responses could also be due to misinterpretation of the survey questions that may be alleviated in future designs.

Availability of services

Respondents were also asked if services were available in their geographic area. Table 14 shows the responses to this series of questions. Benefits planning were one of the least recognized services, although earlier analysis shows that it

represents a significant need in the community. This is an indication that more outreach and education of VR counselors on accessing benefits planning services may be necessary. It is critical to note that this could also reflect the fact that the MRC Benefits Planning Services are concentrated primarily in Eastern Massachusetts through a Social Security grant. It may be advisable to research the feasibility of expanding Benefits Planning Services on a Statewide basis though the upcoming submission of the benefits planning grant. Presently a different vendor covers the majority of the benefits planning in Central and Western Massachusetts so awareness might be impacted by this vendor's approach to outreach to VR Counselors in that region. Other services offered by MRC that did not appear to have as much visibility were vehicle modification and assistive technology. However, these are very consumer specific and not all consumers may need, benefit or have interest in these services, and therefore may not be aware of these services.

Table 14

Services Available in Area		
Need Area	Percent	N
Transportation	74.4%	840
Vehicle Modification	45.4%	434
Assistive Tech	43.7%	394
Housing	75.2%	850
PCA	62.1%	706
Recreation	61.6%	650
Job Support	70.3%	265
Job Training	83.0%	952
Education	85.0%	1018
Benefits Plan	28.1%	346

Open Ended Responses

The survey included two open ended questions in addition to the fixed choice questions. The first question asked respondents to list any other social service needs they have that were not addressed in the survey. Table 15 below describes the distribution of responses. Clearly, consumers are struggling financially in an environment of rising cost of living and tighter eligibility requirements for programs such as food stamps and cash assistance. Financial assistance was the number one need cited by respondents on this question. The financial theme was recurring throughout the responses with several respondents indicating a need for money management services, food stamps and financial assistance to purchase tools, books and other items needed for school or work.

Other popular service needs included case management to help consumers identify services in the community, navigate complex service networks and complete lengthy applications. Some respondents specifically asked for a list of services that MRC provides. MRC may need to examine the orientation process to determine if information on all MRC services is made available to consumers when their case is opened. MRC might consider developing a resource manual that outlines the range of services available to consumers. For example, orientation materials and/or a consumer resource manual could provide information about the MRC Housing Registry, a database of affordable, accessible housing, as well as the Community Based Housing Program. These resources clearly address a primary need among MRC consumers.

Other popular needs included mental health counseling, driver's education and dental care. Several other respondents identified child care and legal services as

needs. It is recommended that these services be added to future surveys to elicit more specific data on these needs.

The second open-ended question asked respondents to list the social service that is most important to them. As illustrated in Table 16, job placement was the most frequently cited response, followed by education, housing, job training and health care/health insurance. Financial support was again a major theme, landing at number six on the list.

Table 15

Open Ended Responses: Other Service Needs	
Need	Frequency
Financial Assistance/Support	54
Job Placement Assistance (resume/job search/interview, etc.)	45
Job Training/Retraining/Computer Skills Training	32
Housing/Section 8/Locating Affordable Housing	26
Mental Health Counseling/Support Groups	21
Case Management/Help Locating Services/List of MRC Services	18
Driver's Education/Driver's License	18
Dental Care	17
Transportation Services	17
Computer Equipment (hardware, software, adaptive)	16
Education Services (literacy, tutoring, web courses)	16
Health Care	14
Legal Services/Advocacy	13
Child Care	13
Money Management/Financial Planning	13
Food Stamps	10
Vocational Assessment/Career Counseling	10
College Courses	9
Adaptive Technology (scooters, home modification, etc.)	8
Social Events/Companionship	8
Diet/Exercise/Fitness (health club membership)	8
Job Coaching	7
Eyeglasses	7
Questions About Public Benefits	7
Books/Tools/Uniforms/Other Misc. Items for Work or School	7
Homemaking Services	6
Prescription Drug Coverage	6
Nutrition/Meal Preparation/Home Delivered Meals	6
Social/Life Skills Training	4
Hearing Aids/Hearing Testing	4
Physical Therapy/Occupational Therapy/Speech Therapy	3
Assistance Purchasing Vehicle/Donated Vehicle Program	3
Service Animal	3
Assistance with Moving	2
Special Education IEP Assistance	2
Home Maintenance/Repair Services	2
Independent Living Services	2
Self-Employment/Home Based Business	2
Department of Mental Retardation (DMR) Services	2
HIV Services	1
Adult Foster Care	1
Vehicle Repair	1

Table 16

Open Ended Responses: Most Important Service Need	
Need	Frequency
Job Placement Services	156
Education	151
Housing	135
Job Training/Retraining	128
Health Care/Health Insurance	97
Financial Support	83
Transportation	56
Vocational Assessment/VR Counseling	52
Case Management	28
Social Programs/Recreation Opportunities	23
Mental Health/Substance Abuse Counseling	18
Job Coaching/Supported Employment	18
Home Care Services	14
Assistive Technology	14
Personal Care Attendant	10
Child Care	7
Benefits Counseling	6
Diet/Exercise/Fitness (health club membership)	3
Legal Services	3
Driver's License	3
Home-Based Business	3
Vehicle Modification	2
Computer Equipment	2

These open ended questions provide a greater context to the fixed choice questions and allow us to see what other service needs are important to consumers. It is recommended that the needs identified in these two questions be incorporated into future versions of needs assessment surveys.

Conclusions and Recommendations

MRC's pilot needs assessment survey was successful in establishing a baseline of consumer social service needs that can be tracked over time. The findings of this study will inform agency staff on which services consumers feel are most important to them. The data included here will inform agency policy on the development of new programs as well as changes to current programs to better

serve consumers. The following recommendations are based on the findings of this report.

- *Further refine survey instrument in second year:* The pilot design was adequate for obtaining baseline data, however the large amount of missing data on some questions is disconcerting. The survey should be redesigned to include some of the frequently cited open-ended responses as new domain areas, and questions with a high degree of missing data should be revised or eliminated.
- *Further refine survey methodology:* A new need assessment database should be developed linking client information in MRCIS to the needs survey. This would eliminate the need to ask demographic questions- an area of the survey that resulted in considerable missing data. Although MRCIS data is sometimes incomplete, it is likely more objective and reliable than the self-report data from the demographic questions. In terms of sampling, the next round of surveys should include consumers in status 12 (IPE) or higher. Consumers in the lower statuses were in the process of completing application and eligibility paperwork and the introduction of a needs survey at that point in the process was confusing and led to several mix-ups in paperwork being sent along with the survey to the Research Department.
- *Rethink use of the web based survey:* The web survey did not result in a usable number of surveys for analysis. The passive design of simply having the survey on the web site was not enough to entice people to complete it. In the future, if web surveys are to be used, a better strategy would include sending an e-mail link to the survey to consumers. MRC currently does not collect e-mail information on consumers.

- *Include other MRC consumers in the study:* Needs assessments surveys in other states such as Maryland include other stakeholder groups than VR consumers. After the survey instrument is refined enough for VR consumers, MRC could begin to develop a separate instrument for CS consumers. The CS division is in the process of developing a comprehensive database for all programs. The database tool would allow for the same random sampling and linkage to demographic information for CS consumers as MRCIS provides for VR consumers.
- *Find jobs that meet the needs of consumers:* The respondents of this survey clearly identified that they require jobs that offer a living wage, benefits and opportunities for promotion. Health insurance is a critical need of MRC consumers. MRC counselors need to identify consumers who do not have health insurance and work to find jobs that provide this critical benefit.
- *Promote benefits planning services to VR consumers:* This study confirms that there is a great need for benefits counseling among VR consumers. MRC provides this service through Project IMPACT. Information on Project IMPACT should be provided to new consumers at orientation so they are aware of how to access this important service. MRC should consider in the next submission of the benefits grant to expand services statewide beyond eastern Massachusetts.
- *Continue to define how consumers in transition from school to work will be handled within MRC:* Clearly, consumers in transition have vastly different needs than the average MRC consumer. Because they are often not ready to begin traditional VR services does not mean that they cannot be a part of the process. Younger consumers require extensive benefits counseling; this service should be offered to all transition cases. A VR management committee is currently working on streamlining the process for transition

consumers. Once their recommendations are adopted by the field, we may see some new need patterns emerge in future need studies.

- *Utilize the orientation process to identify if the consumer is at the “right door”*: Consumers who come to MRC looking for education, job training and placement services are likely to receive services related to those areas and become successful in their search for employment. However, consumers who come to MRC looking for financial assistance for living expenses, or a case manager/service coordinator are going to be disappointed and generally unsuccessful. The orientation process is the perfect opportunity to identify the consumer’s needs and goals, and to assess whether MRC is the right agency to meet his/her needs. Other states utilize a screening process at orientation to determine if consumers are, in fact, at the right door. MRC could learn from these other states and design a general orientation that informs consumers about the services offered here and points people in the right direction if they are at the wrong door. In addition, the orientation process presents an opportunity to inform consumers about *all* agency programs and functions, including Home Care, Vehicle Modification, Home Modification, Benefits Planning services, the Assistive Technology Program, the Housing Registry/Community Based Housing Registry, and the Statewide Head Injury Program. A brief description of these and other MRC programs should be provided to consumers during the VR orientation process along with the appropriate contact information.
- *Utilize needs findings to promote program development within the agency*: The findings of this study provide data on a number of consumer needs. The information provided in this report is of great utility to the agency in terms of fundraising. These data can be utilized in grant proposals to bring in money for new programs, or continue to support current projects.